

**STATE OF CALIFORNIA**  
**DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS**  
**NNA and DMC BUDGET V.1**

**FY 2001-02 FISCAL DATA ENTRY**

**USER INSTRUCTIONS**

**October 2001**

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## **INSTALLATION OF 01-02 NNA-DMC BUDGET v1 DISKETTE**

Note: If you have uninstalled Paradox Version 9 Runtime CD, you must reinstall it before reading the diskette. If you no longer have the installation CD for Paradox Version 9 Runtime, contact your assigned Contracts Management Branch analyst.

- Insert the 01-02 NNA-DMC Budget v1 diskette in the floppy disk drive.
- Click the Start button on the Windows taskbar and click run, then type: A:\Setupex.exe, in the open box. Click on the "OK" button.  
  
\* A:\ in this case represents the floppy disk drive.
- This will install the 01-02 NNA-DMC Budget v1. "Do you wish to continue?" displays. Click on "yes".
- "Please wait while InstallShield extracts the files ... " displays. When the Welcome Screen displays, click on "Next".
- The User Info Screen appears asking for the user name and company. Fill in the information and click "Next".
- Click on "Next" to accept the default Destination Folder.
- Click on "Next" to accept the default Program Folder.
- Click on "Next" to start copying files. When this is complete you may get started.

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For Windows 95 or Windows NT, the Paradox Runtime Version 9 does not support automatic set report orientation. **You have to manually set the paper orientation for your printer. The Prevention/Treatment Summary Report is to be printed on Landscape. All other reports are printed Portrait.**

To select the paper orientation, select "My Computer", select "Printers Folder", select the Printer - in Properties, and then set the appropriate Paper Orientation) before printing the report.

A laser printer is preferred for printing as the reports will run faster and produce better results.

Remove the diskette from the drive, and **PLEASE KEEP THIS DISKETTE IN A SAFE PLACE.**

## FISCAL DATA ENTRY SCREEN INFORMATION



You will note that there are three scroll bars on the form. Each scrolls through the records it is attached to:

- The bar on the far right scrolls through the blue portion of the form, or the Providers.
- The bar attached to the green portion of the screen scrolls through the individual budget lines, and
- The bar between those two, attached to the yellow portion of the form, scrolls through the Service Codes

To enter a provider, move to the provider code field and press INSERT key.

To enter a service code, move to the service code field and press INSERT key.

To change a Unit of Service or Fiscal Amount fields, use backspace key

To delete Fiscal Amount lines, move to the line # field, then press CTRL + DELETE keys.

To delete service or program codes, delete Fiscal Amount lines first, move to the service or program field, press CTRL + DELETE keys.

If you cannot move out of a field, press CTRL + DELETE.

Lookup help is available for provider code, service code, program code, and line # fields move to the field and press CTRL + space bar simultaneously.

**Check It**

When you finish all fiscal entries for one service code and program, click "Check It" to complete provide- level edits.

Add Providers

### Add New Providers

Provider Code: 484802

Provider Name: Solano County Substance Abuse Services

Address: 1735 Enterprise Drive, Building 1, Suite 104

City : Fairfield

Zip Code : 94533

County Code : 48

County Name : Solano

Add New Provider

Delete Provider

Filter By County

County Code:

Before adding a new provider, the Master Provider file (accessible via this screen) should be reviewed. The MPF entries for your county are shown initially. MPF entries for other counties are viewed by entering the county code in the "County Code" field directly under the "Filter By County" button and clicking on the "Filter By County" button.

If the provider you want is not found in the MPF, you must contact your county's CADDs liaison for a provider number to be assigned.

## ENTER NEW PROVIDER SCREEN INFORMATION

When this screen presents, it shows the first provider in the Master Provider File (MPF) for the county. By entering the county code in the "County Code" field directly under the "Filter By County" button and clicking on the "Filter by County" button, providers in the MPF in other counties may be displayed. Review the MPF to ensure that you do not attempt to add a provider that already exists within the MPF.

Use the "Page up" and Page "Down" keys to scroll through the listing of existing providers within the chosen county. The county in which the facility is physically located lists the providers.

Add New Provider

Delete Provider

Filter By County

County Code:

These buttons are only necessary to 1) add a provider that is not found in the MPF; or 2) to delete a provider that is not found in the MPF (e.g., you add a provider in error).

Enter the county code in the "County Code" field and click on the "Filter By County" button to view MPF entries for other counties.

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## Total Alcohol and Drug Screen

FFY	Total SAPT	% of SAPT in Alcohol	% of SAPT in Drug
SAPT-2001	\$1,790,070.00	0 %	100 %
SAPT-2002	\$1,279,620.00	0 %	100 %

"Total SAPT" is the total SAPT amount you have entered in the Fiscal Data Entry screen. It includes Line# : 45-01, 45-02, 50-01, 50-02, 50a-01, 50a-02, 50b-01, 50b-02, 50c-01, 50c-02, 50d-01, 50d-02, 51-01, 51-02, 52-01, 52-02, 56-01, 56-02, 56a-01, 56a-02, 56b-01, 59a-01, 59a-02, 59b-01, and 59b-02. It is automatically calculated here for you.

**Note:** SAPT-2001 funds budgeted in Program Code 80, Service Code 08 are not included in the Total SAPT on this screen.

This screen is to report SAPT - Total Alcohol and Total Drug by FFY (County Level).

Click on Data Entry then click on Total Alcohol and Drug. Select the % of SAPT budgeted in Alcohol, the computer will calculate the % of SAPT budgeted in Drug.

SAPT-2001 funds budgeted in Program Code 80, Service Code 08 are not included in the Total SAPT on this screen.

## USE OF NNA and DMC BUDGET v1 DATA ENTRY PROGRAM

### I. Getting Started:

The first time the 01-02 DMC Budget is selected (if data from the FY 00-01 Amendment v2 is not preloaded) you will be presented with a list of county names. Select your county by scrolling down the list and clicking (or highlighting) on your county code, and then clicking "OK". **Please be sure that you select the correct county, as you will not be presented with this screen again.** If you select the wrong county, please contact your Contracts Management Branch analyst for further instructions.

When the Budget program is selected, the main selection screen displays the county name and four choices in the Menu bar section: "File", "Data Entry", "Reports", and "Help". Your county's diskette contained the most recent version of your FY 2001-02 NNA-DMC Budget Amendment V.1 data as it appears on the Department's database.

However, there are a few areas, such as for Service Code 48 (NRT All Services) that will require complete entry of the fiscal expenditure data. Another area that will require additional entry is that of SAPT and SDFSC funding due to the tracking of these funds by grant award.

### II. File:

This selection contains Data to ADP Diskette – county only. This selection will copy the added files to the diskette, not the installation diskette transmitted with this package, which is to be returned to the Department.

Exit is now under this selection. Do not turn off the computer without exiting the program as your work could be damaged.

### III. Data Entry:

This screen selection is divided into three areas:

- Enter Fiscal Data
- Enter New Provider
- Enter Total Alcohol and Drug

NOTE: Enter the Driving Under the Influence (DUI) Administration and Monitoring fees retained by the county separately using the Support Services service element rather than the DUI service element. This is due to the removal of line 89a, which separately accounted for these fees within the DUI service element.

#### A. General Information and Instructions:

## 1. Look-up Tables

**Use these tables when in a data entry screen.** These screens appear throughout the program to assist you in the Fiscal Data Entry, Provider Code lookup, and Add Provider screens. To access the lookup tables, click on that field to highlight and press CTRL and the space bar simultaneously.

The lookup tables are in following areas:

### **Provider Code** (Fiscal Data Entry Screen):

This diskette contains information from the Master Provider File (MPF), a subset of the California Alcohol and Drug Data System (CADDs). When accessed, this lookup table displays all providers and provider numbers for the selected county. To find a provider located in another county, simply change the county code and click on the "Filter by County Code" button. You cannot change provider data such as the name or address. Should you find the information on a provider to be incorrect, please contact your assigned Contracts Management Branch analyst.

### **Service Code** (Fiscal Data Entry Screen):

All service codes are maintained with the title of that code. Select the proper code and the title will list out automatically.



### **Program Code (Fiscal Data Entry Screen):**

Entries for fiscal data are divided into eight program areas: Alcohol and Drug, Perinatal, Parolee, Mentor, CalWORKs, Adolescent, Drug Courts, and Drug Medi-Cal (DMC). This is to ensure the separate accounting of funds and units of service for these eight areas. The counties have historically separated fiscal entries within the same provider number, service code, and program code. Except for the sub-programs of DMC Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) and Minor Consent, this separate of fiscal entries is allowed for all four program areas on this diskette by use of the program code selection of "Other". If "Other" is chosen, you must also enter a description of the program.

All entries of "Other", with the exception of the Fiscal Detail reports, will be added together in all reports based on the program description to which the code number corresponds. These entries will be maintained as separate records within the database.

The Program Codes for FY 2001-02 are as follows:

- 1 = NNA Alcohol/Drug
- 2 = NNA Parolee
- 3 = NNA Perinatal
- 4 = NNA Alcohol/Drug - Other
- 5 = NNA Alcohol/Drug - Other
- 6 = NNA Alcohol/Drug - Other
- 7 = NNA Alcohol/Drug - Other
- 8 = NNA Parolee - Other
- 9 = NNA Parolee - Other
- 10 = NNA Perinatal - Other
- 11 = NNA Perinatal - Other
- 12 = NNA Mentor (In Need of Treatment)
- 13 = NNA Mentor (Not In Need of Treatment)
- 14 = NNA/DSS CalWORKs

15 = NNA/DSS CalWORKs - Other  
16 = NNA/Drug Court - Alcohol/Drug  
17 = NNA/Drug Court - Perinatal  
18 = NNA/Drug Court Partnership – Alcohol/Drug  
19 = NNA/Drug Court Partnership – Perinatal  
20 = NNA Adolescent Treatment  
80 = Unexpended Federal Funds  
90 = DMC EPSDT  
91 = DMC EPSDT (Perinatal)  
92 = DMC Minor Consent  
93 = DMC Minor Consent (Perinatal)  
94 = DMC Private Pay  
95 = DMC Perinatal  
96 = DMC Perinatal - Other  
97 = DMC Alcohol/Drug  
98 = DMC Alcohol/Drug - Other  
99 = DMC Alcohol/Drug – Other

**Line Number** (Fiscal Data Entry Screen):

To ensure the entry of valid fund sources for service codes and program codes, a table of line numbers (fund sources) was created for each service code within each program type. Only those line numbers valid for your selection of service code and program code will appear in this lookup table.

**County Code** (Provider Code lookup screen and Add New Provider screens):

All counties and their county number appear in this table.

## 2. **Function Keys:**

Three function keys are also used:

- F3 moves the cursor backward from Amount to Unit of Service to Provider Code;
- F4 moves the cursor forward from Provider Code to Service Code to Line Number; and,
- F9 enter and exit from Edit mode.

## B. **Enter Fiscal Data**

NOTE: The FY 2001-02 NNA and DMC provider and budget (V.1) information is downloaded on the diskette. **However, there are three areas that will require partial or complete entry of the fiscal budget data. Those areas are:**

1. **Narcotic Replacement Therapy (NRT) – All Services (Service Code 48).** In the FY 1999-00 Budget (v1), there were four service codes for NRT (Methadone Dosing, LAAM Dosing, Group Counseling, and Individual Counseling). In FY 2001-02, the four services codes have been merged into a single service code (48). Therefore, all NRT unit and funding information must be entered on the FY 2001-02 Budget (v1).

2. Due to the grants tracking system for Substance Abuse Prevention and Treatment (SAPT) funds and Safe and Drug Free Communities School (SDFSC) funds, separate funding lines have been created for the specific type of SAPT and SDFSC funds. Example, in FY 2001-02, Funding Line 50-02 has been identified for SAPT Discretionary FFY 2002 Award, while 50-01 is identified for SAPT Discretionary FFY 2001 Award. Therefore, carryover of the FFY 2001 Award must be placed in the funding lines ending with 01. Funds from FFY 2002 Award must be placed in the funding lines ending with 02.

3. Substance Abuse and Crime Prevention Act (SACPA) of 2000

New service codes have been added for budgeting services for SACPA clients. Service Code 80 (SACPA Literacy Training), 81 (SACPA Family Counseling), 82 (SACPA Vocational Training), 83 (SACPA Case Management) and 84 (SACPA Other Services)

New funding lines have also been added for budgeting services for SACPA clients. Lines 59a-01-SACPA- SAPT Drug Testing (SACPA only), 59b-01-SACPA SAPT Additional Discretionary (SB223), 78 SACPA State General fund, 78a SACPA Fees, 78b SACPA County Other Funds, and 78c SAPA Provider Other Funds.

Upon selecting "Enter Fiscal Data" from the main menu, the provider code field will contain the first provider and service code within the table for that county. To view entries of other providers, click on the left or right arrow buttons positioned to the right of the Provider Code field. To view other service or program codes for the same provider, click on the up and down arrow buttons to the right of the Service Code line. If you cannot move out of a field, try pressing CTRL + DELETE at the same time to delete the record. **Enter funding without dollar signs or commas.** The program will enter them upon pressing the "ENTER" or cursor keys.

Always press the INSERT key first to add a new provider or service code. After entering data for a provider, service code, and Line Number, you can check for certain provider level edits by clicking on

the "Check It" button. If there are no errors, "PASS" will be displayed at the bottom left side of the screen. Any error messages are displayed in a box in the middle of the screen.

When you have completed all fiscal entries, click on the "Close" button in the upper right corner of the screen. This will return you to the main screen.

1. Additional Service or Program Code - Same Provider

If additional data for the same provider but a different service code is to be entered, highlight the service code field and then press the "INSERT" key. A blank screen will display a message at the bottom stating that the record is locked for changes. You may then enter the new service code and remaining information. If you do not know the service code or program code, use the Lookup table(s) by highlighting the necessary field and pressing CTRL and the space bar at the same time.

2. Additional Provider Data

If additional data for a different provider is to be entered, highlight the provider code field and then press the "INSERT" key. A blank screen will display a message at the bottom stating that the record is locked for changes. You may then enter the provider code and the remaining information. If you do not know the provider code, use the lookup table (CTRL + space bar) to locate the provider (in any county) for which you wish to enter data.

3. Deletion/Correction

Once the service code and units are entered for a provider, you cannot go back and change the service code or program code without deleting the record first, starting with all funding. Once funds have been entered for a specific Line Number, you may not change the Line Number without deleting the funding first.

- a. To delete a Line Number record, move to the Line Number field and hold down the CTRL key and then press the DELETE key simultaneously.
- b. To delete a Service Unit record, delete all Line Number records first then move to either Service Code or Program Code and hold down the CTRL key and then press the DELETE key simultaneously.
- c. To delete a Provider record, delete all Line Numbers and Service Codes first, then move to the Provider Code field and press CTRL and DELETE keys at the same time.
- d. To simply correct an error in a field, use the BACKSPACE or DELETE key. You may change the dollar amounts and the service units via this method. Please do not zero out the dollar amount. Instead, delete the record for the Line Number.
- e. To move funds from one provider to another, delete the entire record for the incorrect provider and reenter the information for the correct provider.

**For the combined NNA and DMC Budget v1 the DMC units of service must be entered as follows:**

1. Outpatient Drug Free (ODF) - Group:

Providers that receive **only NNA funding** are required to report staff hours as the unit of service; however, they have the option of reporting the total number of group sessions and the number of individuals in those group sessions.

Providers that receive **both NNA and DMC funding** are required to report in both NNA and DMC Program Codes the following:

- total number of staff hours (NNA)
- total number of group sessions (NNA and DMC)

- total number of individuals in those group sessions (NNA)
- total number per person (DMC)
- Administrative costs

2. Outpatient Drug Free (ODF) - Individual:

Providers that receive **only NNA funding** are required to report staff hours as the unit of service; however, they have the option of reporting the total number of individual sessions.

Providers that receive **both NNA and DMC funding** are required to report in both NNA and DMC Program Codes the following:

- total number of staff hours; and
- total number of individual sessions.

3. For Day Care Habilitative (DCH), providers **are required to report visits days.**

4. Residential (RES):

- For NNA Program Codes, providers **are required to report (available) bed days.**
- For DMC Program Codes, providers **are required to report number of days.**

5. Narcotic Treatment Program (NTP)

- For both NNA and DMC, providers are required to report the number of licensed capacity as the main unit.
- For both NNA and DMC, providers are also required to report the following:
  - **total methadone doses;**
  - **total methadone milligrams dispensed;**
  - **total LAAM doses;**

- **total LAAM milligrams dispensed;**
- **total 10-minute group counseling sessions; and**
- **total 10-minute individual counseling sessions.**

6. Naltrexone (NAL):

- For NNA Program Codes, providers **are required to report slot days.**
- For DMC Program Codes, providers **are required to report visits.**

C. **Add New Provider**

To add a new provider that is not in the MPF, use the "Enter New Provider" selection. If the provider you are adding is located in another county, use the provider number for the location where services are provided. Providers are listed by number in the county where the facility is physically located and not within all counties with which the provider may have a contract.

To locate a provider in another county, highlight (by clicking) the county code field in the Provider Look-up screen in the lower right under the "Filter by County" button, enter the appropriate county code, and click on the "Filter by County" button. You can then scroll through the providers in that county with the left and right pointing arrows until you locate the provider. If you do not know the county code, CTRL + space bar will provide the county code lookup table. Locate the county in the listing, and press the ENTER key or click on "OK" to place the county code in the field. Then click on the "Filter by County" button to receive the listing of providers for that county.

If you enter an existing provider number as a new provider, all information from the MPF will be presented on the screen. You may not change information on an existing provider. If the information within the MPF is incorrect, please contact the Department to correct the file. Do not enter a new provider record to correct information for that provider.

Information regarding new providers may be edited. Please use a temporary number starting with the letter "T" followed by your 2 digit county code and



a 3-digit provider number. Follow Departmental protocol for establishing new providers.

#### IV. Reports:

This selection allows you to print the Fiscal Detail pages, the Summary Fiscal Report, Gross Dedicated Capacity for NNA Report, Net Dedicated Capacity for NNA Report, a printout of the county's allocation, and the Error Message Report.

##### 1. **Fiscal Detail Report by Modality**

(sorted by Modality, Provider Number, Service Code, Program Code)

The Fiscal Detail selection provides a screen listing of the modalities to be printed. The screen default is for all reports to be printed. If a modality report is not requested, click on that field to remove the check mark. You may also request to view the report on the screen. To page through multiple entries, use the page selection in the menu bar. If a request for printing is not made, the program will return to the main selection screen. To exit, click on the "minus" sign in the upper left corner of the screen.

##### 2. **Fiscal Detail Report by Modality**

(sorted by Provider Number, Program Code and Service Code)

This report will also provide you with a screen listing of the modalities to be printed. However, the budget pages are sorted by Provider Number, Program Code, and Service Code. This report is specifically organized to consolidate providers' Group Session and Individual Session Budgets for Outpatient Services (Nonresidential Modality), in a more readable manner.

##### 3. **Prevention/Treatment Summary Report**

Select the Prevention/Treatment Summary Report to print the various summary reports. **Reminder: These must be printed landscape.**

##### 4. **Gross Dedicated Capacity Report for NNA**

This report will sum all funds and units of service by modality. If your county provides Daycare Habilitative services within Nonresidential

modality, this report will show the Outpatient Drug Free hours separately from the Daycare Habilitative days.

**5. Net Dedicated Capacity Report for NNA**

This report will sum all funds and units of service by modality that is funded with ADP funds. This includes County required matching funds and Statham funds when used for match.

**6. County Allocation Report**

The County Allocation Report is a listing of the allocated amounts for that county by fund source and line number. In those cases where more than one fund source is combined for a line number, the total of the sources, and not the individual amounts, appears.

**7. Error Message Report**

After all fiscal information has been entered, run this report. The Error Message Report lists the edits, which pertain to the fiscal entries. These edits check various rules such as the budgeted amount not exceeding the allocation, the 20 percent Prevention Set-Aside, etc.

**8. Summary of DMC Services by Federal and State General Funds Report**

The Summary of DMC Services selection allows you to print the total amounts budgeted with the FFP and SGF funds.

**9. DMC Summary by Program Code Report**

This report will sum all DMC funds by the service element.

**10. Fiscal Allocation Detail Report – Exhibit A1**

This report is a summary of all NNA and DMC allocated funds including the Federal Financial Participation (FFP). The Grand Total All Funds is the based amount on the county's contract.

## V. **Help:**

This document also resides within the Help section and operates the same from anywhere it is accessed within the program. It presents a main selection screen showing basic help instructions and specific selections for entering budget data and how to add a new provider.